

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

1 Name of organization HPA PAC (Health Plan Association PAC) Employer identification number Applied for
2 Mailing address (P.O. Box or number, street, and room or suite number) 90 State Street Suite 825 14-1825179
City or town, state, and ZIP code Albany, NY 12207-1717
3 E-mail address of organization _____

4a Name of custodian of records Leslie S. Moran 4b Custodian's address 90 State St. Suite 825
Albany, NY 12207-1717
5a Name of contact person Leslie S. Moran 5b Contact person's address SAA

6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number _____
City or town, state, and ZIP code _____

Part II Purpose

7 Describe the purpose of the organization
To support candidates who are favorable to
the views of the New York Health Plan Association

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
New York Health Plan Association	Connected	90 State St. Suite 825 Albany, NY 12207-1717



